

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15064

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name DAVID J. MORTON

P.O. Box, Bldg., Room No., if any

Street 735 CHEYRON

City ST LOUIS

State MO

ZIP Code + 4 63125

4. Name, file number, and address of labor organization.

Name UNITE HERE LOCAL 74

Labor Organization File Number 508538

P.O. Box, Building and Room Number, if any SUITE 103

Street 4433 WOODSON RD

City ST LOUIS, MO

State MO

ZIP Code + 4 631343113

5. Position in labor organization.

VICE PRESIDENT / BUSINESS REPRESENTATIVE / PENSION TRUSTEE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-15-05

Date

314-487-0888

Telephone Number

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**9. Business deals with:**

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11.a. Nature of such dealing.****11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****12.b. Amount.**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**14.a. Nature of payment.**

**13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14.b. Amount of payment.**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name UNITEHERE Local 74

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 103

Street 4433 Woodson Rd.

City St. Louis

State MO ZIP Code + 4 631343713

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITEHERE Local 74 Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12160 Natural Bridge Rd.

City Bridgeton

State MO ZIP Code + 4 630444079

## 11.a. Nature of such dealing.

Convention: International Foundation of  
Employee Benefits #0401  
New Orleans. - 12/1 - 12/4/04  
Airline tickets, Hotel expense, daily expenses

## 11.b. Approximate dollar value of such dealing.

\$1,895.45

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name UNITEHERE Local 74  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any Suite 103  
Street 4433 Woodson Rd.  
City St. Louis  
State MO ZIP Code + 4 631343713

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITEHERE Local 74 Pension Trust Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 12160 Natural Bridge Rd.  
City Bridgeton  
State MO ZIP Code + 4 630444079

## 11.a. Nature of such dealing.

Convention: International Foundation of  
Employee Benefits #0501  
Hawaii - 11/13 - 11/16/05  
Registration & Hotel deposit

## 11.b. Approximate dollar value of such dealing.

\$1,310.00

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.